TITLE XI	X REPORT	OF EXPENDITURE
	IDII GIMBOODII	on appurant

RECIPIENTS

SERVED

46,733

214,431

2,978

10,437

2,837

17,131

3,611

1,481

4

n

n

n

281,635

29,924

406,220

85.389

181,807

7,051

6.725

57,196

58,431

131,349

77,744

26.802

17,779

1.150

9.801

2,560

10,578

636

54

801

50

n

8

13

n

IAMM2200-R003 (MR-0-12)

CATEGORY OF SERVICE

HABILITATION SERVICES

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOWA PLAN PROGRAM

EPSDT SCREENING

PATTENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

AS OF 04/30/08

TNPATTENT

OUTPATIENT

CHILD PART HOSP

(BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 04/30/08)

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

NUMBER OF

CLAIMS

66,547

812,364

30.194

97.843

3,943

27,910

27,770

10,729

89.011

151,287

1,252,779

47,188

117,929

349,342

282,173

269,614

121,092

138.811

47,537

8,218

20.454

50,066

19,866

5,363

811

172.044

0

n

n

n

0

10

16

3.657.748

2,890,909

IINITS OF

SERVICE

389,950

567.496

64,068

28.145

18,409

89.564

151.119

47,188

117,929

523,315

272,617

128,320

173.192

62.499

245,878

505.174

58.486

556,290

152,704

39,877

6.249.279

541

- 0

3.5

186

1,252,662

16,991,125

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2,802,900

2.883.852

3,303,312

2.890.887

7,132,227

PAGE

RUN DATE 04/26/08

TOTAL.

PAYMENT

\$265,309,213.71

\$159,412,161.21

\$20,395,824.65

\$367.398.592.45

\$215,305,202.55 \$3,086,793.18 \$89.872.852.71

\$30,300,860,43

\$4,496,154.96

\$26,431,108.76

\$34,057,070,73

\$3,197,945.01

\$3,343,294.23

\$398,032.68 \$187.379.779.40

\$16,261,901.00

\$6,822,191.46

\$88,300,209,44

\$12,252,854,42

\$7,241,298.35

\$2,505,276.00

\$5,662,669.72 \$37,189,278.02

\$14,424,000.27

\$38,891,182.97

\$7,168,944.09

\$4,462,012,60

\$1,963,339,72

\$3,000,869.24

\$14,004,121.81

\$1,928,632.83

\$4,283,649.17

\$3,338,854.86

\$405,045.05

\$236,366,743.38

\$17,641,76

\$1,416.37

\$6,946.98

\$0.00

\$23,899.58 \$161,140,872.98

\$0.00

\$63.14

\$0.00

\$0.00

\$31.37-

\$0.00

\$0.00

sn.nn

1

CHILD DAY TREATMENT	0	0	0	
ADULT PART HOSP	1	0	0	
ADULT DAY TREATMENT	0	0	0	
SKILLED NURSING FACILITY	3,774	7,679	100,865	
INTERMEDIATE CARE FACILITY	18,076	132,305	3,797,208	
INTER CARE MENTAL RETARDA	2,277	21,490	636,581	
NURSING FAC FOR MENTAL ILL	49	376	11,086	
HOME HEALTH	31,746	152,387	2,519,210	
LEAD INSPECTION AGENCY	57	60	60	
PHYSICIAN	305,258	2,346,760	3,345,106	
CLINIC SERVICES	78,144	250,161	234,310	
MEP CASE MANAGEMENT	0	0	0	
LAB AND RADIOLOGICAL	63,384	141,953	250,205	

IAM	M22	00-F	R003	(MR-O-12)
AS	OF	04/3	30/08	

ILL & HANDICAPPED WAIVER SVCS

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 04/26/08

1,052,426

0

111,612

13-

TOTAL PAYMENT

\$53,695,861.77

\$16,480,024.93

\$26,706,057.33

\$2,175,759,065.01

\$828,350.48

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

32,127

. 0

105,648

3

CATEGORY OF SERVICE RECIPIENTS NUMBER OF SERVED CLAIMS	UNITS OF SERVICE

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	11,635	266,023	4,166,009

2,690

11,916

347

0

*ALL CATEGORIES * 479,879 14,226,618 63,923,891 *** END OF REPORT ***